



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azmdboard.org • Email: questions@azmdboard.org

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June 29, 2004

PERSONAL AND CONFIDENTIAL

Joseph Peter Aiello, M.D.
300 E Osborn Rd
Phoenix AZ 85012-2347

RE: A.F. v Joseph P. Aiello, M.D.
Case # MD-03-0460A

Dear Dr. Aiello:

The purpose of this letter is to inform you that during the course of the June 10, 2004, public meeting, the Arizona Medical Board (Board) reviewed the above-referenced complaint and all pertinent evidence and information gathered during the investigation. At the conclusion of its review, the Board voted to issue this Advisory Letter for inadequate office communication resulting in failure to follow-up with the patient. A.R.S. § 32-1401(3)(a).

An advisory letter is a non-disciplinary action, and is not subject to review by either the Board or the Courts. See *Murphy v. Board of Medical Examiners of the State of Arizona*, 190 Ariz. 441, 949 P.2d 530 (App. 1997). However, you may file a written response to the letter with the Board within thirty days after its receipt A.R.S. § 32-1451(E)(2). If timely received, the response will be attached to the advisory letter and maintained in your permanent file. The written response will also be hyperlinked to your profile on the Board's website.

Sincerely,

Tricia Steffey
Board Coordinator
boardcoordinator@azmdboard.org
Phone number (480) 551-2753
Fax number (480) 551-2705

TS/t

cc: Investigation File
Permanent File # 15612

JOSEPH PETER AIELLO, M.D.
EYE PHYSICIAN AND SURGEON
CORNEA AND EXTERNAL DISEASE
OCULOPLASTICS AND RECONSTRUCTIVE SURGERY

July 20, 2004

Arizona Medical Board
Attn: Tricia Steffey, Board Coordinator
9545 E. Doubletree Ranch Road
Scottsdale, Arizona 85254-5514

Dear Ms. Steffey:

It was with great personal and professional disappointment that I learned of the Arizona Medical Board's decision not to reverse its advisory letter regarding A.F. Case #MD-03-0460A. Here then is my written response, as invited by the Board.

A.F. is a 58-year-old gentleman who was referred to my care with complaints of eye irritation and tearing. He was noted to have benign exophthalmos and computer vision syndrome (CVS), provoking keratitis sicca. A detailed explanation of keratitis sicca was then given. This explanation included my advice to refrain from the use of ceiling fans, obtain a home humidifier, employ the use of artificial tears, begin vitamin therapy, and lastly, my recommendation for the placement of punctal plugs. The punctal plugs were uneventfully placed, all questions were answered, and the patient left with the instructions to call if there were ever any problems.

Punctal plugs have been the mainstay for the treatment of keratitis sicca, or dry eyes, for twenty years. Two basic designs of punctal plugs are used today. There are Herrick plugs that are placed deep within the tear system and, therefore, are not retrievable. These plugs have been associated with few but ever present complications, which include nasal lacrimal duct obstructions. A more common type of punctal plug is also used, which remains on the surface of the eyelid within the punctum, which is the opening of the tear system. This second type of plug, such as the Freeman plug, is virtually risk free, but can be associated with minor discomfort provoked from edge override of the collar of the plug over the eyelid margin. This symptom can be easily eliminated by the removal of the punctal plug, which can be accomplished quite innocently within a matter of seconds in the office. It is this second type of punctal plug that I employ.

A.F. claimed that, after the placement of these punctal plugs, he attempted to contact me at my office several times, leaving messages with my office and my office directory after hours. He subsequently visited another ophthalmologist who removed the punctal plugs. A.F. then charges that I had inserted the punctal plugs incorrectly and hence failed to meet the standard of care. It is to this that I have to answer the Board.

A.F.'s claim that the punctal plugs were improperly placed is simply wrong. Among other things, if they were misplaced, they would not have been able to be easily removed by the second physician. The Board agrees with this fact.

The basis of the advisory letter, therefore, is A.F.'s second claim that he called our office, and we did not respond. This reviewing physician suggested that I was aware and did not respond to A.F.'s calls. This is a ludicrous statement. First of all, I never acknowledged receiving any call from this patient, because we received no such call. If I had received the call, I can assure you that one of the other nine ophthalmologists within my group or myself would have seen him immediately.

7245 E. OSBORN ROAD, STE. #4
SCOTTSDALE, AZ 85251
AREA CODE 480 994-5012
FAX 480 994-1948

5620 W. THUNDERBIRD ROAD, STE. #H3
GLENDALE, AZ 85306
TELEPHONE 602 547-2002
FAX 602 548-7108

300 E. OSBORN RD.
PHOENIX, ARIZONA 85012
TELEPHONE 602 254-7255
FAX 602 254-2278

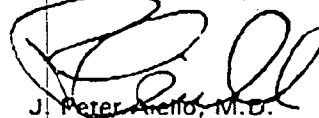
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My personnel have been instructed to accommodate any patient immediately if there is any distress. I can assure you that I was not aware of any such call and, if there were, he would have been seen. A.F. maintains that he left several messages with my office directory. This is directly contradicted by my office directory computer message records, for which there were no recorded calls made by A.F. the month of his visit, or the month after his visit. This indisputable tangible evidence was offered to the Board by letter and in person, however, ignored. In fact, the Board dismissed the original complaint and only after continuing pressure from A.F. was the matter reviewed again and the advisory letter issued.

In conclusion, I maintain every respect for the Arizona Medical Board's position. It certainly does not serve my better interest to challenge or antagonize its delegates. However, I believe that, in this matter, the decision to issue this letter is wrong. I have practiced Ophthalmology in Phoenix for twenty years and have never received an advisory or disciplinary action. Rather, I humbly believe I have earned a reputation for skill and philanthropy. I fully acknowledge the role of the Board to police the actions of the state's physicians. Nevertheless, I believe the Board has another understated responsibility. This is to protect the honest hard working physicians from a system with overzealous political scrutiny that has befuddled the Board's purpose and authority. The decision to make me, for the remainder of my medical career, answer for an alleged missed phone call is unfortunate and unjustified.

Respectfully,



J. Peter Arellano, M.D.